DECLARATION FOR PATENT APPLICATION

DOCKET No. UFB-006

As below named Inventor(s), I (we) declare that:

My (our) residence, post office address and citizenship are stated below next to my (our) name(s).

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"Disposable Apparatus for Performing Blood Cell Counts"

the specification which:						
X is attached hereto.		•				
was filed on as Application Serial No and wapplicable).					nded on	(if
I (we) hereby state that I specification, including t						
I (we) acknowledge the dapplication in accordance			which is material to	the examin	ation of this	
I (we) hereby claim forei inventor certificate(s) list inventor's certificate hav	ed below a	nd have also ide	ntified below any fore	eign applic	ation for pater	nt or
Prior Foreign Application(s):				Priority Claimed		
Number) (Country))	(Day/Month/Year fi	Yes iled)	No	
(Number)	(Country	<u> </u>	(Day/Month/Year fi	Yes iled)	. No	
I (we) hereby claim the binsofar as the subject ma States Application in the the duty to disclose mate filing date of the prior ap	tter of each manner pr rial inform	n of the claims of rovided by the fire action as defined	f this application is no rst paragraph of 35 U in 37 C.F.R. §1.56(a)	ot disclosed .S.C. §112) which occ	I in the prior U , I (we) acknow curred between	Inited wledge a the
60/077,214 (Application Serial Num	iber)	7 March 1998 (Filing Date)	Pending (Status: Patented, P	ending, ab	andoned)	
(Application Serial Num	al Number) (Filing Date) (Status			tatus: Patented, Pending, abandoned)		

I (we) he'reby appoint the following attorney(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

William W. Jones, Reg. No. 24,607 Richard D. Getz, Reg. No. 36,147 William A. Simons. Reg. No. 27,096

Address all telephone calls to:

William W. Jones at telephone #: (203) 245-2418

Address all correspondence to:

William W. Jones 6 Juniper Lane Madison, CT 06443

I (we) hereby declare that all of the statements made herein of my (our) own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of first or sole inventors	Signature)	22 F-189 (Date)
Residence and Post Office A Citizenship: USA	Address: 191 North Cove Rd., Old	Saybrook, CT 06475
Name of second inventor:		
	(Signature)	(Date)
Residence and Post Office A	Address:	